

**MULTIPLE IDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____
APPLICANT _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							61									
2							62									
3							63									
4							64									
5							65									
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33							93									
34							94									
35							95									
36							96									
37							97									
38							98									
39							99									
40							100									
41							TOTAL IND.									
42							TOTAL DEP.									
43							TOTAL CLAIMS									
44																
45																
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